## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

SUHINT POSAUS

| CLAIMS AS FILED - PART I (Column 1) (Column                            |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               | mn 2)            |   | SMALL ENTITY TYPE O |                        |    | OTHER THAN R SMALL ENTITY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------------------|-------------------------------|------------------|---|---------------------|------------------------|----|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| TOTAL CLAIMS                                                           |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | 3            |                      |                               |                  | Γ | RATE                | FEE                    | [  | RATE                      | FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| FOR                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | NUMBER FILED |                      | NUMBER EXTRA                  |                  | E | ASIC FEE            | 355.00                 | OR | BASIC FEE                 | 710.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| TOTAL CHARGEABLE CLAIMS                                                |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | 3 minus 20=  |                      | · 6                           |                  |   | X\$ 9=              |                        | OR | X\$18=                    | American Sec. 10.26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| INDEPENDENT CLAIMS                                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | / minus 3 =  |                      | · Ø                           |                  |   | X40=                |                        | OR | X80=                      | ***********                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                       |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               |                  |   | +135=               |                        | OR | +270=                     | and the same of th |  |
| * If the difference in column 1 is less than zero, enter "0" in column |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               | olumn 2          | L | TOTAL               |                        | OR | TOTAL                     | 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| CLAIMS AS AMENDED - PART II                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               |                  |   |                     |                        |    | OTHER                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)<br>CLAIMS                      | - A-         | (Colu                |                               | (Column 3)       | _ | SMALL E             |                        | OR | SMALL                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| AMENDMENT A                                                            | \$P\$ (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4                                                                                                                                                                                                                                                                                                                                           | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI         | BER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                        | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus        | **                   |                               | =                | L | X\$ 9=              |                        | OR | X\$18=                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                         | Minus        | ***                  | T CL AIM                      | =                |   | X40=                |                        | OR | X80=                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| L_                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | NTATION OF M                              | OLTIPLE DEP  | ENDEN                | CLAIN                         |                  |   | +135=               |                        | OR | +270=                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               |                  |   | TOTAL               |                        | OR | TOTAL<br>ADDIT. FEE       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)                                |              | (Colu                | mn 2)                         | (Column 3)       | ^ | DDIT. FEE           |                        |    | ADDIT. FEET               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| AMENDMENT B                                                            | <b>*</b> **,                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | * *          | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                        | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus        | **                   |                               | = '              |   | X\$ 9=              |                        | OR | X\$18=                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                         | Minus        | ***                  |                               | =                |   | X40=                |                        | OR | X80=                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                           |              |                      |                               |                  |   | +135=               |                        |    | +270=                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               |                  | L | TOTAL               |                        | OR | TOTAL                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |              |                      |                               |                  | Α | DDIT. FEE           |                        | OR | ADDIT. FEE                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)                                |              |                      | mn 2)                         | (Column 3)       |   |                     |                        |    |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| AMENDMENT C                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV          | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                        | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus        | **                   |                               | =                | ı | X\$ 9=              |                        | OR | X\$18=                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| AME                                                                    | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                         | Minus        | ***                  | T CLABA                       | =                |   | X40=                |                        | OR | X80=                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                           |              |                      |                               |                  |   | +135=               |                        | OR | +270=                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| *                                                                      | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |                      |                               |                  |   |                     |                        |    |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |